* .						
FEE\$ 10.00	PLANNING CI	LEARANCE	BLDG PERMIT NO.			
TCP \$ 1500.00 SIF \$ 292.00	(Single Family Residential an Community Develop	•				
	_	Ø	Your Bridge to a Better Community			
BLDG ADDRESS	PRAT PLAINS DR.	SQ. FT. OF PROPOSED	BLDGS/ADDITION 1406			
TAX SCHEDULE NO.	13-324-14-001	SQ. FT. OF EXISTING B	LDGS			
SUBDIVISION Red TE	Ail Ridge	TOTAL SQ. FT. OF EXIS	TING & PROPOSED 1406			
"OWNER Ride mole	B_LOT ENHERDRISES	NO. OF DWELLING UNI Before: After: NO. OF BUILDINGS ON	this Construction			
(1) ADDRESS <u>1548 M</u>). Intotependent#	Before: After:	this Construction			
(2) APPLICANT <u>Ridem</u>			& INTENDED USE New lesidential Single family Home			
(2) ADDRESS <u>1548 W.</u> (2) TELEPHONE <u>242</u> .		Site Built Manufactured Ho Other (please spe	Manufactured Home (UBC) me (HUD)			
REQUIRED: One plot plan, on	8 ½" x 11" paper, showing a	Il existing & proposed stru	ncture location(s), parking, setbacks to all nts & rights-of-way which abut the parcel.			
I THIS SECTION T	O BE COMPLETED BY CO		NT DEPARTMENT STAFF 🕫			
ZONE <u>RSF-4</u>	garage 151 house	Maximum covera	ge of lot by structures 50%			
SETBACKS: Front or from center of ROW.	from property line (PL) whichever is greater	Permanent Found	dation Required: YES_X_NO			

	Parking Req'mt
Side from PL, Rear from PL	C. May 14
	Special Conditions Engineered foundations
Maximum Height	Munea.
E this at a raining a	CENSUSTRAFFICANNX#
	HOWING WALLY AND.

Modifications to this Planning Clearance must be approved, in writing, by the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued, if applicable, by the Building Department (Section 305, Uniform Building Code).

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature			_ Date	- ,-	8	/11/05	
Department Approval II (///s/ Magn		/	Date			9-9-05	· · · · · · · · · · · · · · · · · · ·
Additional water and/or sewer tap fee(s) are required:	YES		NO	<u> </u>		W/O NO.P J	9 OMAD
Utility Accounting			Date	9	9	105	
VALID FOR SIX MONTHS FROM DATE OF ISSUANCE	E (Sectio	on 9-3-2C	Grand Ju	nctiq	n Zo	oning & Develop	ment Code)

(Pink: Building Department)

(Goldenrod: Utility Accounting)

(White: Planning)

(Yellow: Customer)

